

Oregon and Washington prescription drug coverage 2020 Small and Large Group plans (click here for 2019 determinations)

Small Group

(plans for employer groups sized 1-50)

| Benefit string | 2020 Status (creditable/non-creditable to Medicare Part D) | | | | |
|--|--|--|--|--|--|
| Balance 750 Gold | Creditable | | | | |
| Balance 1500 Gold | Creditable | | | | |
| Balance 2500 Silver | Not Creditable | | | | |
| Balance 3500 Silver | Not Creditable | | | | |
| Balance 4500 Silver | Not Creditable | | | | |
| Balance 6000 Silver | Not Creditable | | | | |
| Balance 7000 Bronze | Not Creditable | | | | |
| Balance 8150 Bronze | Not Creditable | | | | |
| Connect 750 Gold | Creditable | | | | |
| Connect 1500 Gold | Not Creditable | | | | |
| Connect 2500 Silver | Not Creditable | | | | |
| Connect 3500 Silver | Not Creditable | | | | |
| Connect 4500 Silver | Not Creditable | | | | |
| Connect 6000 Silver | Not Creditable | | | | |
| Connect 7000 Bronze | Not Creditable | | | | |
| Connect 8150 Bronze | Not Creditable | | | | |
| HSA Qualified 2000 Silver | Not Creditable | | | | |
| HSA Qualified 2500 Silver | Not Creditable | | | | |
| HSA Qualified 3000 Silver | Not Creditable | | | | |
| HSA Qualified 4500 Bronze | Not Creditable | | | | |
| HSA Qualified 5500 Bronze | Not Creditable | | | | |
| HSA Qualified 6750 Bronze | Not Creditable | | | | |
| Total Enhanced 250 Platinum | Creditable | | | | |
| Total Enhanced 500 Platinum | Creditable | | | | |
| Total Enhanced 1000 Gold | Creditable | | | | |
| Total Enhanced 1500 Gold | Creditable | | | | |
| Total Enhanced 2500 Gold | Creditable | | | | |
| Total Enhanced 3500 Gold | Creditable | | | | |
| Total Enhanced 4500 Gold | Creditable | | | | |
| Total Enhanced 5500 Gold | Creditable | | | | |
| Total Enhanced 7000 Silver | Creditable | | | | |
| Providence Oregon Standard Gold Plan | Creditable | | | | |
| Providence Oregon Standard Silver Plan | Creditable | | | | |
| Providence Oregon Standard Bronze Plan | Not Creditable | | | | |



Large Group Standard

(plans for employer groups sized 51+)

All plans with Rx benefits within the below ranges pass Creditable Coverage testing for plan year 2020

| Tier | Benefit | Minimum | Maximum | |
|---------------------------|-----------------------------------|---------|---------|--|
| 1 – Preferred Generic | Сорау | \$0 | \$25 | |
| 2 – Non-Preferred Generic | Сорау | \$0 | \$30 | |
| 3 – Non-Preferred Brand | Сорау | \$0 | \$75 | |
| 4 – Brand | Сорау | \$0 | \$100 | |
| 5 & 6 - Specialty | Coinsurance with cap; up to \$200 | 0% | 50% | |

Large Group Non-Standard

(plans for employer groups sized 51+)

Non-standard large group HSA plans do not have a \$200 out-of-pocket cap per prescription on specialty drugs.

| Non-Standard RX Plan | 2020 Status | | | | |
|--------------------------|--|--|--|--|--|
| | (creditable/non-creditable to Medicare Part D) | | | | |
| HRA 20/25/50/3300/1150sd | Creditable | | | | |
| HSA 0/0/6350/6350cd | Not Creditable | | | | |
| HSA 0/0/6650/6650sd | Not Creditable | | | | |
| HSA 5/40/2100/1350cd | Creditable | | | | |
| HSA 20/40/5500/1500sd | Not Creditable | | | | |
| HSA 20/40/5500/3000sd | Not Creditable | | | | |
| HSA 20/40/6350/2500cd | Not Creditable | | | | |
| HSA 20/50/3250/2000sd | Not Creditable | | | | |
| HSA 30/30/5000/3000cd | Not Creditable | | | | |
| HSA 50/50/6650/5500sd | Not Creditable | | | | |
| HSA 20/40/3000/1500cd | Not Creditable | | | | |
| HSA 20/40/4000/1500sd | Not Creditable | | | | |
| HSA 20/40/6650/1500sd | Not Creditable | | | | |
| HSA 20/50/5000/1750sd | Not Creditable | | | | |
| PPO 20/40/3000/350d | Creditable | | | | |
| RX 0/10/10/30/50 | Creditable | | | | |
| RX 0/10/15/20/50 | Creditable | | | | |
| RX 0/10/30/100/1000/50d | Creditable | | | | |
| RX 0/15/15/30/30 | Creditable | | | | |
| RX 0/15/15/45/45 | Creditable | | | | |
| RX 0/15/15/60/60 | Creditable | | | | |
| RX 0/15/20/30/50 | Creditable | | | | |
| RX 0/15/20/45/50 | Creditable | | | | |
| RX 0/20/25/40/50 | Creditable | | | | |
| RX 0/20/40/100/1000/50d | Creditable | | | | |
| RX 0/20/50/100/1000/50d | Creditable | | | | |
| RX 0/25/30/50/50 | Creditable | | | | |
| RX 5/10/30/50 | Creditable | | | | |
| RX 5/15/30/50 | Creditable | | | | |
| RX 5/15/40/30 | Creditable | | | | |



Large Group Non-Standard

(plans for employer groups sized 51+)

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|-------------------------|---|--|--|--|--|
| Non-Standard RX Plan | 2020 Status | | | | |
| | (creditable/non-creditable to Medicare Part D) | | | | |
| RX 5/15/40/50 | Creditable | | | | |
| RX 5/10/50/50/50 | Creditable | | | | |
| RX 10/5/40/1500/250d | Creditable | | | | |
| RX 10/10/20/20/20 | Creditable | | | | |
| RX 10/10/20/30/50 | Creditable | | | | |
| RX 10/10/30/30/30 | Creditable | | | | |
| RX 10/10/30/50/50 | Creditable | | | | |
| RX 10/10/50/50/50 | Creditable | | | | |
| RX 10/15 | Creditable | | | | |
| RX 10/15/20/50/50 | Creditable | | | | |
| RX 10/15/30/60/50 | Creditable | | | | |
| RX 10/15/45/75/50 | Creditable | | | | |
| RX 10/15/60/80/50 | Creditable | | | | |
| RX 10/20 | Creditable | | | | |
| RX 10/25/50/3000/1500d | Creditable | | | | |
| RX 10/30 | Creditable | | | | |
| RX 10/30/30/50/50 | Creditable | | | | |
| | If the medical out-of-pocket maximum is less than or | | | | |
| | equal to \$3,000 the plan is deemed creditable. | | | | |
| RX 10/50 | If the medical out-of-pocket maximum is greater than or | | | | |
| | equal to \$3,001, the plan is not creditable | | | | |
| RX 15/15/30/30/30 | Creditable | | | | |
| RX 15/15/30/30/45 | Creditable | | | | |
| RX 15/15/30/50/50 | Creditable | | | | |
| RX 15/15/45/45/45 | Creditable | | | | |
| RX 15/20/20/20/20 | Creditable | | | | |
| RX 15/20/25/55/50 | Creditable | | | | |
| RX 15/20/45/50/50 | Creditable | | | | |
| RX 15/20/50/50/50 | Creditable | | | | |
| RX 15/20/75/100/50 | Creditable | | | | |
| RX 15/30 | | | | | |
| RX 15/45 | Creditable Creditable | | | | |
| NX 13/43 | If the medical out-of-pocket maximum is less than or | | | | |
| | equal to \$3,000 the plan is deemed creditable. | | | | |
| RX 15/50 | · | | | | |
| | If the medical out-of-pocket maximum is greater than or | | | | |
| | equal to \$3,001, the plan is not creditable | | | | |
| RX 15/50/50/50/50 | If the medical out-of-pocket maximum is less than or | | | | |
| | equal to \$3,000 the plan is deemed creditable. | | | | |
| 10/30/30/30/30 | If the medical out-of-pocket maximum is greater than or | | | | |
| | equal to \$3,001, the plan is not creditable | | | | |
| RX 15/60 | Creditable | | | | |
| RX 20/25/50/3300/1150sd | Creditable | | | | |
| RX 20/40 | Creditable | | | | |
| RX 30/30/30/30/30 | Creditable | | | | |
| RXtra 10/20 | Creditable | | | | |
| RXtra 15/30 | Creditable | | | | |
| | | | | | |



Large Group HSA Plans

(plans for employer groups sized 51+)

- For non-standard HSA plans see table above.
- For standard large group plans use the following grid to determine 2020 HSA creditable coverage status.
- Standard large group HSA plans have a \$200 out-of-pocket cap per prescription on specialty drugs.

Member Out-of-Pocket Maximum

| | \$0 - \$2000 | \$2001- \$2500 | \$2501- \$3000 | \$3001- \$3500 | \$3501- \$4000 | \$4001- \$4500 | \$4501- \$6500 | >\$6500 |
|--------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| \$0 - \$1500 | Creditable |
| \$1501- \$2000 | Creditable | Creditable | Creditable | Not Creditable | Not Creditable | Not Creditable | Not Creditable | Not Creditable |
| \$2001- \$2500 | Creditable | Creditable | Not Creditable | Not Creditable | Not Creditable | Not Creditable | Not Creditable | Not Creditable |
| <u>></u> \$2501 | Not Creditable |